

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-006283

STATE FILE NUMBER

AMENDED

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

43

FILED MAR 8 1962

## 1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Trenton

Length of stay in lb

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Wright Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Grundy

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

Trenton

d. STREET  
ADDRESS

(If outside, give location)

827 W. 13th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

William

Middle

Oakey

Last

Drinkard

4. DATE  
OF DEATH

Month

Feb. 22, 1962

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-28-87

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Trenton, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William Drinkard

## 13b. MOTHER'S MAIDEN NAME

Luvina

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

4

## 17. INFORMANT

Address

Mrs. Luvina Drinkard Trenton, Mo

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Virus Pneumonia

about 3 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Secondary to fall on ice Feb. 3-1962

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ N- ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 3-1962 to Feb 22-1962 and last saw her alive on Feb 21-1962  
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B. H. Muller M.D.

## 22b. ADDRESS

Trenton, Mo.

## 22c. DATE SIGNED

2-24-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

2-25-62

## 23c. NAME OF CEMETERY OR CREMATORY

Masonic

## 23d. LOCATION (City, town, or county)

Trenton, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Gipson-Whitaker

Trenton, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-24-62

## 26. REGISTRAR'S SIGNATURE

Lucene Fair

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leo S. Whitaker*

Licensed Embalmer No. 4780

P. O. Address Troutman, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.